CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STREET

STATEMENT OF ECONOMIC INTERESTS

RECEIVED Date Received Official Use Only

COVER PAGE

APR _ 1 2008

GOVERNOR'S OFFICE

DAYTIME TELEPHONE NUMBER

Please type or print in ink.

MAILING ADDRESS (May use business address)

Governor's Office

Your Position:

(LAST)

Governor's Office, State Capitol

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Division, Board, District, if applicable:

Deputy Chief of Staff, Director OPR

If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

NAME

Bryant

A Public Document

(FIRST)

Cynthia

Sacramento

(MIDDLE)

| (MIDDLL) | DAT TIME TELESTICISE TO SEE | | |
|--|---|--|--|
| | (916) 445-3637 | | |
| STATE ZIP CODE | OPTIONAL: FAX / E-MAIL ADDRESS | | |
| CA 95814 | | | |
| CA 93614 | | | |
| 4. Schedule Summa | rv | | |
| 50 AND 5250 AND 50 AND 50 | ., | | |
| → Total number of pages including this cover pag | e: <u>3</u> | | |
| Check applicable schedu | ules or "No reportable | | |
| I have disclosed interests attached schedules: | on one or more of the | | |
| Schedule A-1 X Yes – schedule attached Investments (Less than 10% Ownership) | | | |
| Schedule A-2 Yes – schedule attached Investments (10% or greater Ownership) | | | |
| Schedule B Yes – schedule attached Real Property | | | |
| Schedule C Yes - Income, Loans, & Business Fand Travel Payments) | schedule attached Positions (Income Other than Gifts | | |
| Schedule D Yes - | schedule attached | | |
| Schedule E Yes - Income - Travel Payments | schedule attached | | |
| -01 | r- | | |
| No reportable interests | on any schedule | | |
| | | | |
| 5. Verification | | | |
| | | | |
| I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. | | | |
| I certify under penalty of per of California that the foreg | jury under the laws of the State going is true and correct. | | |
| Date Signed | 3/31/2008 | | |
| modelFCCCCC School Scho | (month day year) | | |
| | | | |
| Signatu | dal.) | | |

Agency: Commission on State Mandates Position: Commissioner (see attached) 2. Jurisdiction of Office (Check at least one box) X State County of _____ City of ___ Multi-County _____ Other __ 3. Type of Statement (Check at least one box) Assuming Office/Initial Date: ____/___/___ Annual: The period covered is January 1, 2007, through December 31, 2007. -or-O The period covered is ____/___, through December 31, 2007. Leaving Office Date Left: ___/___/_ (Check one) O The period covered is January 1, 2007, through the date of leaving office. -or-O The period covered is ____/___ through the date of leaving office. Candidate

Cynthia Bryant Form 700 Cover Page

1. Office, Agency or Court

Agency: California Housing Finance Agency

Position: Board Member

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION | |
|---|--|
| Name | |
| Cynthia Bryant | |

| > | NAME OF BUSINESS ENTITY | > NAME OF BUSINESS ENTITY |
|----|--|---|
| | Russo Watts Pension Plan | |
| | GENERAL DESCRIPTION OF BUSINESS ACTIVITY | GENERAL DESCRIPTION OF BUSINESS ACTIVITY |
| | Consulting-Retirement Plan | |
| | FAIR MARKET VALUE | FAIR MARKET VALUE |
| | ■ \$2,000 - \$10,000 ■ \$10,001 - \$100,000 | \$2,000 - \$10,000 \$10,001 - \$100,000 |
| | S100,001 - \$1,000,000 Over \$1,000,000 | S100,001 - \$1.000,000 Over \$1.000,000 |
| | NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| | Stock | Slock |
| | Other | Other |
| | (Describe) | (Describe) |
| | IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| | | |
| _ | ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| > | NAME OF BUSINESS ENTITY | > NAME OF BUSINESS ENTITY |
| | GENERAL DESCRIPTION OF BUSINESS ACTIVITY | GENERAL DESCRIPTION OF BUSINESS ACTIVITY |
| | i | |
| | FAIR MARKET VALUE | FAIR MARKET VALUE |
| | S2,000 - \$10,000 S10,000 | \$2,000 - \$10,000 |
| | \$100,001 - \$1,000,000 Over \$1,000,000 | \$100,001 - \$1,000,000 Over \$1,000,000 |
| | | _ |
| | NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| | Stock | ∐ Slock |
| | Other(Describe) | Other(Describe) |
| | IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
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| | | |
| | | |
| > | NAME OF BUSINESS ENTITY | > NAME OF BUSINESS ENTITY |
| | GENERAL DESCRIPTION OF BUSINESS ACTIVITY | GENERAL DESCRIPTION OF BUSINESS ACTIVITY |
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| | CAID MADKET VALUE | EAID MARKET VALUE |
| | FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 | FAIR MARKET VALUE \$10,001 - \$100;000 \$10,001 - \$100;000 |
| | \$100,001 - \$1,000,000 Over \$1,000,000 | S100,001 - \$1,000,000 Over \$1,000,000 |
| | | |
| | NATURE OF INVESTMENT Stock | NATURE OF INVESTMENT |
| | Other | Other |
| | (Describe) | (Describe) |
| | IF APPLICABLE. LIST DATE: | IF APPLICABLE, LIST DATE: |
| | | |
| | ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| Co | mments: | |